

MONTANA TALKING BOOK LIBRARY

1515 EAST SIXTH AVENUE / PO Box 201800

HELENA MT 59620-1800

PHONE: 406-444-2064

WEBSITE: <http://msl.mt.gov/tbl>

TOLL FREE WITHIN MONTANA: 1-800-332-3400

E-Mail: mtbl@mt.gov

APPLICATION FOR FREE LIBRARY SERVICE - INDIVIDUAL

(Please Print or Type)

PATRON NAME: _____
(Last) (First) (Initial)

ADDRESS: _____
(Street or PO Box)

CITY: _____ COUNTY: _____ ZIP: _____

DAYTIME PHONE #: _____ BIRTH DATE: ____/____/____ ☐ Female ☐ Male
(MM/DD/YY)

PATRON EMAIL: _____

ALTERNATE CONTACT: Name of a person to contact if you cannot be reached for an extended period. (If the applicant is a student, the contact must be the student's parent or guardian.)

NAME: _____ DAYTIME PHONE: _____

ADDRESS: _____
(Street or P.O. Box) (City) (State) (Zip)

Relationship to patron: _____ EMAIL: _____

NAME & PHONE NUMBER OF PERSON FILLING OUT THIS APPLICATION IF OTHER THAN ABOVE:

CONFIDENTIALITY STATEMENT: All library records are confidential pursuant to Montana Code annotated 22-1-1103.

VETERANS:

☐ Please check if you have been honorably discharged from the U.S. Armed Forces.

Applications for Institutions (public libraries, independent & assisted living facilities, nursing & retirement homes, hospitals and schools) are available on our web site or contact us directly.

ELIGIBILITY AND CERTIFICATION REQUIREMENTS:

- ☐ **BLINDNESS:** Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.
- ☐ **LOW VISION/VISUAL HANDICAP:** Inability to read standard printed material without aids or devices other than regular glasses.
- ☐ **PHYSICAL HANDICAP:** Inability to read or use standard printed material due to physical limitations, e.g. paralysis, missing arms or hands, extreme weakness.

IN THE ABOVE CASES, you must be certified by a “competent authority”, defined as a Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Ophthalmologist, Optometrist, Registered Nurse, Therapist or professional staff of hospitals, institutions, public or private welfare agency (e.g. Social Worker, Counselor, Rehabilitation Teacher or Superintendent), or by any person whose competence under specific circumstances is acceptable to the Library of Congress-National Library Service.

- ☐ **READING DISABILITY:** Is defined as an organic dysfunction of sufficient severity as to prevent reading printed material in normal manner.

Certification of a reading disability specifically requires certification by a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.), who may consult with colleagues in associated disciplines

****TO BE SIGNED AND COMPLETED BY CERTIFYING AUTHORITY:**

I certify that the named applicant requesting library service is unable to read or use standard printed materials for the reasons noted above:

Signature _____ Date _____

Certifying Authority

Please print or type:

Name _____

Title/Occupation _____ Organization _____

Street address _____ Telephone (____) _____

City _____ State _____ ZIP _____

AN ORIGINAL SIGNATURE IS REQUIRED.

FAXES, COPIES OR EMAILS CAN NOT BE ACCEPTED

EQUIPMENT, ACCESSORIES, AND OTHER SERVICES:

Please check the box provided:

Choose One:

- ☐ **Digital Standard Machine** for books recorded on Digital cartridge.
- ☐ **Digital Advanced Machine** (Additional navigation buttons) for books recorded on Digital cartridge.

Also Available:

- ☐ **Cassette Standard Machine:** This machine is being phased out but is still appropriate for persons interested in Montana History or with wide ranging reading interests.

Headphones:

- ☐ **Headphone** (For use in shared environments or where speakers are not permitted)

Do you also have a hearing impairment? If yes, indicate the degree of hearing loss.

- ☐ **Moderate**—some difficulty hearing and understanding speech.
- ☐ **Profound**—cannot hear or understand speech.

- ☐ **Amplifier** (Issued solely for use by readers with profound hearing loss. A separate application requiring certification by an audiologist is required.)

- ☐ **Remote control unit** (For cassette player only. Issued for readers confined to bed or who have difficulty with mobility.)

RETURN OF EQUIPMENT: Equipment and accessories are supplied to eligible persons on extended loan. **If this equipment is not being used in conjunction with recorded reading materials provided by the Library of Congress and its cooperating libraries, it must be returned to the Montana Talking Book Library.**

OTHER SERVICES:

- ☐ **BARD – downloadable audio and braille books** (must have high speed Internet)
- ☐ **Braille books and magazines**
- ☐ **Braille Twin Vision/Print books**
- ☐ **Descriptive Videos/ VHS** (requires own VCR)
- ☐ **Magazines**
- ☐ **NLS Music Services**
- ☐ **NEWSLINE** (telephone newspaper service)
- ☐ **WEBOPAC** (Online Public Access Catalog) (must have email address)

TEXTBOOKS: Contact Recording for the Learning Ally, 1-800-221-4792,
<http://www.learningally.org>

READING PREFERENCES:

Check A or B:

A. ☐ Send only the specific titles I will request. Do NOT select books for me.

B. ☐ I wish to have books selected for me.

NOTE: If you wish to have books selected for you, the library needs information about your reading interests. Please check the types of books or subjects you prefer:

Do you have a Preference for ☐ Fiction or ☐ Nonfiction?

- | | | |
|--|--|--|
| <input type="checkbox"/> Adventure stories | <input type="checkbox"/> General Fiction | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Animals and wildlife | <input type="checkbox"/> Gothic novels | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Government, Politics | <input type="checkbox"/> Religious Fiction |
| <input type="checkbox"/> Bible | <input type="checkbox"/> Health & Medicine | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Historical fiction | <input type="checkbox"/> Historical Romance |
| <input type="checkbox"/> Business & economics | <input type="checkbox"/> History - Ancient | <input type="checkbox"/> Science |
| <input type="checkbox"/> Career & job training | <input type="checkbox"/> History - U.S. | <input type="checkbox"/> Science fiction |
| <input type="checkbox"/> Children's fiction:
grade level _____ | <input type="checkbox"/> History - World | <input type="checkbox"/> Aging & Retirement |
| <input type="checkbox"/> Children's nonfiction:
grade level _____ | <input type="checkbox"/> Humor | <input type="checkbox"/> Short stories |
| <input type="checkbox"/> Classic novels | <input type="checkbox"/> Montana History | <input type="checkbox"/> Sociology and Social
Customs |
| <input type="checkbox"/> Computers & technology | <input type="checkbox"/> Montana Interests | <input type="checkbox"/> Sports: _____ |
| <input type="checkbox"/> Cooking & homemaking | <input type="checkbox"/> Montana Authors | <input type="checkbox"/> Spy stories |
| <input type="checkbox"/> Crafts/Hobbies | <input type="checkbox"/> Mystery & detective | <input type="checkbox"/> Stage, screen |
| <input type="checkbox"/> Diet and Nutrition | <input type="checkbox"/> Native American | <input type="checkbox"/> Suspense stories |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Nature | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Fantasy/Time Travel | <input type="checkbox"/> Occult & supernatural | <input type="checkbox"/> War & war stories |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Folklore/Fairy Tales | <input type="checkbox"/> Philosophy | <input type="checkbox"/> Western History |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Pioneer & frontier life | |
| | <input type="checkbox"/> Poetry | |
| | <input type="checkbox"/> Psychology & self-help | |

Favorite Reading Preferences: _____

Favorite Authors: _____

Other Preferences: (If not listed above) _____

OTHER READING INTERESTS:

LANGUAGES: If you wish to receive books in English language, mark "English" only. If you wish to receive books in other languages, mark "Other" and list the language(s):

- ☐ English
☐ Other language(s): _____

EXCLUSIONS:

I do **NOT** wish to receive books that contain the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Strong language | <input type="checkbox"/> Violence | <input type="checkbox"/> Explicit descriptions of sex |
| <input type="checkbox"/> Some Strong language | <input type="checkbox"/> Some Violence | <input type="checkbox"/> Some descriptions of sex |

READING LEVEL: ☐ Adult ☐ Teenage ☐ Juvenile ☐ Preschool

Revised: 03/2012

HOW DID YOU LEARN ABOUT US? Please help us assess where you learned about the **Montana Talking Book Library**. It will help us plan our educational and outreach programs. Check one or more of the following that apply:

- | | |
|---|---|
| <input type="checkbox"/> Another talking book or Braille Reader | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> School System | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> Montana Services for the Visually Impaired | <input type="checkbox"/> Public Media |
| <input type="checkbox"/> Other: (please explain) _____ | <input type="checkbox"/> Healthcare Facility |

- ☐ Would you like a presentation about our library services?

(Contact name, phone number, and email address)



**Regional Library of the National Library
Service
For the Blind and Physically Handicapped
The Library of Congress**



INSTRUCTIONS FOR RETURNING APPLICATION FORM: 1) Fold application form in half; 2) Tape closed before mailing; 3) Return postage is NOT necessary.

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FREE MATTER
F/T BLIND & PHYSICALLY
HANDICAPPED

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INDIVIDUAL APPLICATION